

FILED MAY 24 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 15918

BIRTH NO.		REG. DIST. NO. 179		PRIMARY REG. DIST. NO. 5667		Registrar's No. 55	
1. PLACE OF DEATH a. COUNTY Lincoln				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Lincoln			
b. CITY (If outside corporate limits, write RURAL and give town Rural (Bedford Twp))				c. LENGTH OF STAY (In this place) 1 Wk		c. CITY OR TOWN Troy	
d. FULL NAME OF HOSPITAL OR INSTITUTION Lincoln Co. Memorial Hosp				STREET ADDRESS (If rural, give location) No Street Address			
3. NAME OF DECEASED (Type or Print)		a. (First) John		b. (Middle) Cecil		c. (Last) Duncan	
4. DATE OF DEATH		(Month) May		(Day) 7		(Year) 1955	
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Oct. 22, 1889	
9. AGE (In years last birthday) 65		10. IF UNDER 1 YEAR Months Days		11. IF UNDER 24 HRS Hours Min.		12. CITIZEN OF WHAT COUNTRY? USA	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Mechanic		10b. KIND OF BUSINESS OR INDUSTRY Auto Repair		11. BIRTHPLACE (City and State or Foreign Country) Lincoln Co. Missouri		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME John B. Duncan		13b. MOTHER'S MAIDEN NAME Emma Johnson		14. NAME OF HUSBAND OR WIFE Lois Logan Duncan			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes		16. SOCIAL SECURITY NO. 93-05-9982		17. INFORMANT'S SIGNATURE OR NAME Mrs Lois L. Duncan Troy, Missouri			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Generalized Arteriosclerosis DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 3 Days	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 4201				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from 2/1/54 to May 7, 1955, that I last saw the deceased alive on May 7, 1955, and that death occurred at 10:30 p.m. from the causes and on the date stated above.							
23a. SIGNATURE J. C. C. (Degree or title)				23b. ADDRESS Troy, Mo		23c. DATE SIGNED 5/8/55	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 5/9/55		24c. NAME OF CEMETERY OR CREMATORY Mill Creek Cemetery		24d. LOCATION (City, town, or county) (State) Lincoln Co, Missouri	
DATE REC'D BY LOCAL REG May 23-1955		REGISTRAR'S SIGNATURE Emma B. Riddle		25. FUNERAL DIRECTOR'S SIGNATURE Kemper Funeral Home Troy, Missouri.		ADDRESS	

OCT 17 1900

MAY 24 1911

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed  
by me, ~~xxxx~~ ....., Student Embalmer No. ....  
working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed..... *Joseph J. Marsh* .....

Licensed Embalmer No. 3932..

P. O. Address Troy, Missou

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.